CMPL-125792160 SERFF Tracking Number: State: Arkansas Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life

Product Name: Trans APLO

Trans APLO/Trans APLO Project Name/Number:

# Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Trans APLO SERFF Tr Num: CMPL-125792160 State: ArkansasLH TOI: L07I Individual Life - Whole SERFF Status: Closed State Tr Num: 40118

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: TRANS APLO State Status: Approved-Closed

Co Status: Reviewer(s): Linda Bird Filing Type: Form

> Author: Nancy French Disposition Date: 09/08/2008 Date Submitted: 08/28/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

### **General Information**

Project Name: Trans APLO Status of Filing in Domicile: Project Number: Trans APLO Date Approved in Domicile: Requested Filing Mode: Review & Approval **Domicile Status Comments:** Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/08/2008 State Status Changed: 09/08/2008

Corresponding Filing Tracking Number:

Filing Description:

Commissioner of Insurance **Arkansas Insurance Division** 

1200 West 3rd Street

Little Rock, Arkansas 72201-1904

Re: Transamerica Life Insurance Company

NAIC #: 468-86231 FEIN #: 39-0989781 Group Market Size: Group Market Type:

Deemer Date:

SERFF Tracking Number: CMPL-125792160 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Trans APLO

Project Name/Number: Trans APLO/Trans APLO

Form Filing – Individual Life Insurance

Form 1-101 05-108, Single Premium, Alternative Paid-Up Life Insurance to Age 121 - Nonparticipating

Form MPS11008TAR, Change/Conversion Application

Form 1-013 11-108, Modification of Policy Provisions Endorsement

Dear Commissioner:

Enclosed please find the above-captioned forms for your review and approval. These forms are new and will not replace any forms currently on file with your Department.

These forms are submitted in final printed form in which they will be distributed to insureds. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

These forms do not contain any unusual or possibly controversial items or provisions that deviate from normal company or industry standards.

Policy form 1-101 05-108 is a single premium, nonparticipating life insurance product. Alternative Paid-Up Life Insurance allows the policyowners to use the net cash value of their in-force universal life/interest sensitive life policies to purchase Alternative Paid-Up Life after the fifth policy anniversary of the base policy. Once the Alternative Paid-Up life option is elected, no further premiums are allowed. The cash values at that time are also guaranteed. This product does not have a policy fee.

The premium rates are based on the 2001 CSO table. The policy cash values are guaranteed never to be less than the single premium used to purchase the paid-up policy. The nonforfeiture interest rate is 4.0%; additionally, cash values are equal to the attained age Net Single Premium for whole life insurance at an interest rate of 4%.

This policy will be made available to our general market and will be offered for sale on an individual basis. We intend to use Application MPS11008TAR with this policy.

Application form MPS11008TAR will be used by current policyholders to request changes in coverage and conversions from term to other types of whole life or universal life coverage.

SERFF Tracking Number: CMPL-125792160 State: Arkansas Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L07I Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Trans APLO Product Name:

Trans APLO/Trans APLO Project Name/Number:

Modification of Policy Provisions Endorsement Form 1-013 11-108 – The purpose of this endorsement is to bring our applicable life forms into compliance with the U.S. Supreme Court's Norris decision when the policy forms are issued subject to this ruling. We may use this endorsement with future individual life products.

Please note the following supporting documentation is included in this submission:

- 1. Actuarial Memorandum
- 2. 2001 CSO Age Nearest Birthday Values
- 3. Certification of Readability
- 4. Bulletin 11-88 Certification
- 5. Regulation 19 Certification
- 6. Bulletin 49 Certification

You may direct any questions or comments regarding this submission to me at 513-984-6050 or e-mail me at dsimon@crssolutionsgroup.com.

Sincerely,

J. David Simon, CLU

President

# **Company and Contact**

Nancy French, Product Manager

### **Filing Contact Information**

(This filing was made by a third party - complianceresearchservicesIIc)

(513) 984-6050 [Phone] 10921 Reed Hartman Highway

nfrench@crssolutionsgroup.com

SERFF Tracking Number: CMPL-125792160 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Trans APLO

Project Name/Number: Trans APLO/Trans APLO

Cincinnati, OH 45242 (513) 984-7212[FAX]

**Filing Company Information** 

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa

4333 Edgewood Road N.E. Group Code: 468 Company Type:
Cedar Rapids, IA 52499 Group Name: State ID Number:

(513) 984-6050 ext. [Phone] FEIN Number: 39-0989781

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SERFF Tracking Number: CMPL-125792160 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Trans APLO

Project Name/Number: Trans APLO/Trans APLO

**Filing Fees** 

Fee Required? Yes Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Transamerica Life Insurance Company \$50.00 08/28/2008 22193831

SERFF Tracking Number: CMPL-125792160 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Trans APLO

Project Name/Number: Trans APLO/Trans APLO

# **Correspondence Summary**

# **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/08/2008	09/08/2008

 SERFF Tracking Number:
 CMPL-125792160
 State:
 Arkansas

 Filing Company:
 Transamerica Life Insurance Company
 State Tracking Number:
 40118

Company Tracking Number: TRANS APLO

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Trans APLO

Project Name/Number: Trans APLO/Trans APLO

# **Disposition**

Disposition Date: 09/08/2008

Implementation Date: Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPL-125792160 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Trans APLO

Project Name/Number: Trans APLO/Trans APLO

Item Type	Item Name	Item Status	Public Access
<b>Supporting Document</b>	Certification/Notice		Yes
Supporting Document	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
Supporting Document	Filing Authorization		Yes
Supporting Document	Readability		Yes
Supporting Document	2001 CSO Age Nearest Birthday Values		Yes
Form	Single Premium, Alternative Paid-Up Life Insurance to Age 121 – Nonparticipating		Yes
Form	Modification of Policy Provisions Endorsement		Yes
Form	Change/Conversion Application		Yes

SERFF Tracking Number: CMPL-125792160 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Trans APLO

Project Name/Number: Trans APLO/Trans APLO

# Form Schedule

**Lead Form Number:** 1-101 05-108

Review	Form	Form Type Form Name		Action	Action Specific	Readability	Attachment	
Status	Number				Data			
	1-101 05- 108	ract/Fratern A	Single Premium,  Alternative Paid-Up	Initial		53	1-101 05-108 Policy.pdf	
		Certificate 1	ife Insurance to Age 21 – Ionparticipating	)				
	1-013 11-	Policy/Cont M	Modification of Policy	Initial		51	1-013 11-108	
	108	ract/Fratern P	Provisions				Endorsement.	
		al E	Indorsement				pdf	
		Certificate:						
		Amendmen						
		t, Insert						
		Page,						
		Endorseme						
		nt or Rider						
	MPS11008	Application/C	Change/Conversion	Initial		51	MPS11008TA	
	TAR	Enrollment A	application				R	
		Form					Application.pd	

f



Transamerica Life Insurance Company Home Office: Cedar Rapids, IA 52499 Marketing Office: Los Angeles, CA 90015 Administrative Office: 4333 Edgewood Road NE

Cedar Rapids, IA 52499

POLICY FORM APLS - CVC Individual Life Insurance

ienda Clasez

INSURED JOHN DOE SPECIMEN POLICY NUMBER

SINGLE PREMIUM \$2,004.50

FACE AMOUNT \$10,000 JUN 01 2003 DATE OF ISSUE

While this policy is in force, Transamerica Life Insurance Company will pay the death benefit to the Beneficiary if the Insured dies before the policy anniversary nearest the Insured's age 121, or will pay the net cash value, if any, to the Owner on the policy anniversary nearest the Insured's age 121, if the Insured is living on that date. All payments are subject to the provisions of this policy.

Signed for the Company at Cedar Rapids, Iowa, on the Date of Issue.

Craig D. Vermes

Secretary President

**Right to Examine and Return Policy Within 10 Days --** At any time within 10 days after you receive this policy, you may return it to us or the agent through whom you bought it. We will cancel the policy and void it from the beginning. We will refund to you any premiums paid.

Single Premium

Alternative Paid-Up Life Insurance
Face Amount Payable at Age 121 or at Death of Insured

Nonparticipating - No Annual Dividends

This policy is a legal contract between you, the Owner of this policy, and Transamerica Life Insurance Company.

### **READ YOUR POLICY CAREFULLY**

## **POLICY SUMMARY**

This policy was issued as a result of the election of the Alternative Paid-Up Life Insurance Option. We will pay the death benefit to the Beneficiary if the Insured dies before the policy anniversary nearest age 121. If the Insured is living at the policy anniversary nearest age 121, we will pay the net cash value, if any, to you.

The premium for this policy is the single premium shown in the policy data.

This is a brief description. The insurance is fully described in the various provisions of the policy.

## **GUIDE TO POLICY PROVISIONS**

	Page
Application Copy	after 9
Beneficiary's Rights	4
Change of Beneficiary	4
Definitions	3
Guaranteed Values	5
Misstatement of Age or Sex	6
Ownership and Beneficiary Provisions	3,4
Payment of Cash Value & Loans	5
Payment of Death Benefit	4
Policy Data	2
Policy Loans	5
Settlement Provisions	7
Table of Cash Values	2A

### POLICY DATA

LOAN INTEREST

RATE 7.40% IN ADVANCE JUN 01 2008 POLICY DATE

35 AGE OF INSURED

INSURED JOHN DOE SPECIMEN POLICY NUMBER

SINGLE PREMIUM \$2,004.50

FACE AMOUNT \$10,000 JUN 01 2003 DATE OF ISSUE

STANDARD CLASS OF RISK

OWNER THE INSURED NON-SMOKER

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THE CHARGE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. ONLY A BRIEF DESCRIPTION IS GIVEN. THE COMPLETE PROVISIONS ARE INCLUDED IN THE RIDER.

RIDER NUMBER SCHEDULE OF ADDITIONAL BENEFITS ANNUAL PREMIUM

.....

NONE NO CHARGE

-----

# POLICY DATA (CONTINUED)

### TABLE OF GUARANTEED VALUES

DATE	CASH VALUE
JUN 01 2008	\$2,004
JUN 01 2009	2,076
JUN 01 2010	2,150
JUN 01 2011	2,226
JUN 01 2012	2,305
JUN 01 2013	2,387
JUN 01 2014	2,472
JUN 01 2015	2,559
JUN 01 2016	2,648
JUN 01 2017	2,741
JUN 01 2018	2,835
JUN 01 2019	2,932
JUN 01 2020	3,032
JUN 01 2021	3,134
JUN 01 2022	3,239
JUN 01 2023	3,349
JUN 01 2024	3,461
JUN 01 2025	3,576
JUN 01 2026	3,694
JUN 01 2027	3,815
JUN 01 2028	3,938
POLICY	
ANNIVERSARY	
NEAREST AGE	
60	\$4,585
65	5,276

\_\_\_\_\_

### **DEFINITIONS**

In this policy:

We, our or us means Transamerica Life Insurance Company.

You and your means the Owner of this policy.

**Administrative Office** means Transamerica Life Insurance Company, 4333 Edgewood Road NE, Cedar Rapids, lowa 52499.

A **Beneficiary** is the person to whom we will pay all or a portion of the death benefit if the Insured dies.

Cash Value means the Cash Value shown in the Table of Guaranteed Values.

The **Date of Issue** is shown in the Policy Data.

The **Maturity Date** is the policy anniversary nearest the Insured's age 121.

The Maximum Loan Value is the largest amount you may borrow under the loan provisions.

**Net Cash Value** is the Cash Value less any existing loans.

A **Policy Loan** is indebtedness to us for a loan secured by this policy.

**Written Request** means a signed request in a form satisfactory to us that is received at our Administrative Office.

We will send any **Notice** under the provisions of this policy to your last known address and to any assignee of record.

We will use the **Policy Date** shown in the Policy Data to determine the policy anniversaries and policy years.

### **OWNERSHIP**

Owner of the Policy -- The Owner is entitled to the rights granted under this policy before the Insured's death. The Insured will be the Owner, unless someone else is named as the Owner in the application, or otherwise in accordance with this policy. Ownership of this policy may be shared by two or more persons. If one such person is an individual other than the Insured and dies before the Insured, the rights of that person belong to the executor or administrator of his or her estate unless otherwise provided in the policy. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised.

**How to Change the Owner --** You may change the Owner while the Insured is living by notifying us in a form and manner acceptable to us. The change will not be effective until we record it at our Administrative Office.

**Assignment of the Policy** -- We are not responsible for the adequacy of any assignment. However, if you file the assignment with us and we record it at our Administrative Office, your rights and those of any revocable Beneficiary will be subject to it.

### **BENEFICIARY**

Who Receives the Death Benefit -- If the Insured dies while this policy is in force, we will pay the death benefit to the Beneficiary or Beneficiaries. A Beneficiary is as designated in the application, unless changed as shown under "How to Change a Beneficiary" below. If a Beneficiary is a partnership, we will pay its share of the death benefit to the partnership as it existed when the Insured died. If there is more than one Beneficiary, we will pay the death benefit to all of the Beneficiaries in equal shares unless you provide otherwise in the application or by Written Request.

**Protection of the Death Benefit --** To the extent permitted by law, no death benefit will be subject to the claims of a Beneficiary's creditors or to any legal process against a Beneficiary.

If a Beneficiary Dies -- If any Beneficiary dies before the Insured, that Beneficiary's interest in the death benefit will end. If any Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end if no benefits have been paid to that Beneficiary. If the interest of all designated Beneficiaries has ended when the Insured dies, we will pay the death benefit to you. If you are not living at that time, we will pay the death benefit to the executor or administrator of your estate.

**How to Change a Beneficiary** -- You may change the designated Beneficiary while the Insured is living by Written Request. The change will not be effective until we record it at our Administrative Office. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

### PAYMENT OF THE DEATH BENEFIT

**Proof of Death** -- We will pay any benefit payable because of death when we receive due proof of the Insured's death while this policy was in force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

**Interest on Life Insurance Proceeds --** We will pay interest on the proceeds of any benefit paid under the policy more than 30 days after we receive due proof of the Insured's death. We will pay interest for the period from the date of the Insured's death to the date the payment is made. The interest rate will be at least 8%, or higher if required by law.

**Death Benefit** -- The amount of the death benefit is equal to the face amount of this policy minus the amount of any existing Policy Loans. The amount of the death benefit may be affected by the Misstatement of Age or Sex provision of this policy. In no event will the proceeds include a return of any portion of the single premium for this policy.

This policy is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance contract for federal tax purposes. The death benefit under this policy is intended to qualify for the federal income tax exclusion. The provisions of this policy (including any endorsement) will be interpreted to ensure tax qualification, regardless of any language to the contrary. At no time will the amount of the death benefit under the policy ever be less than the amount needed to ensure tax qualification.

### SINGLE PREMIUM LIMITATION

At the end of the first policy year, if the single premium paid for this policy exceeds the amount allowable if this policy is to continue to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code, as such Section is in effect at the time this policy is issued, and the regulations thereunder, we will remove the excess amount of single premium paid from the policy, with interest, as of the end of the first policy year. We will refund to you this excess amount (including interest) within 60 days after the end of that policy year.

Such an excess amount could occur, for example, as a result of a change in the benefits or terms of the policy, since the single premium amount allowable for the policy may be reduced.

The amount refundable will not exceed the Net Cash Value of the policy. If the entire Net Cash Value is refunded, we will treat the transaction as a full surrender of your policy.

### **GUARANTEED VALUES**

This policy's Cash Values as of specified policy anniversaries are shown in the Table of Guaranteed Values in the policy data pages. The value between any two consecutive policy anniversaries shown will be determined by interpolation. Values for years beyond those shown may be obtained upon request.

You may borrow the Cash Value upon Written Request subject to the reductions and limitations explained below. You may surrender this policy for its Net Cash Value upon Written Request subject to the payment of Cash Values and Loans provision below.

Minimum Cash Values will never be less than the single premium shown on page 2.

**Loans** -- We will make a loan subject to the following conditions:

- 1. The maximum loan amount is the Cash Value of the policy at the end of the policy year in which the loan is made, minus:
  - a. any existing loan(s); and,
  - b. interest on the amount of the loan to the end of the policy year.
- 2. You must pay interest on the total loan balance each year in advance. The interest is due on the policy anniversary. The loan interest rate is 8.0% (7.4% in advance). If you do not pay the interest when it is due, we will add the amount of interest to the loan. We will charge interest on this amount at the same interest rate being charged on the loan.
- 3. You must assign the policy to us to the extent of the outstanding loan. If the Insured dies, we will deduct the outstanding loan from the death benefit before we pay the death benefit to the Beneficiary.
- 4. The loan will be secured by that portion of the Cash Value equal to the amount of the loan.

Failure to repay the loan will not terminate this policy unless the loan exceeds the maximum loan amount available under this policy and until we have mailed Notice of termination to your last known address and to any assignee of record.

**Loan Repayment --** You may repay any part of any outstanding loan at any time while the Insured is living and before the Maturity Date.

### PAYMENT OF CASH VALUE AND LOANS

We may delay paying you the cash surrender value of this policy for up to 6 months after we receive your Written Request for the surrender. We may delay making a loan to you for up to 6 months after we receive your Written Request for the loan.

### **BASIS OF COMPUTATION**

Calculation of minimum Cash Values and nonforfeiture benefits are based on the 2001 Commissioners Standard Ordinary Ultimate, smoker/non-smoker distinct, sex-distinct, age nearest birthday Mortality Table and 4.0% interest. Deaths are assumed to occur at the end of the policy year.

As required, we have filed the method we used to compute minimum Cash Values and nonforfeiture benefits with the supervisory official of the jurisdiction in which the application for this policy was signed.

### **GENERAL PROVISIONS**

**Incontestability of the Policy --** Except for fraud, this policy will be incontestable after it has been in force during the Insured's lifetime for two years from the Date of Issue.

The Insured, the Owner and the Beneficiary or Beneficiaries are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.

**Amount We Pay is Limited in the Event of Suicide --** If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue, we will be liable only for the amount of single premium paid, less any loans.

**Misstatement of Age or Sex in the Application** -- If there is a misstatement of the Insured's age or sex in the application, we will adjust the death benefit to that which the single premium would have purchased at the correct age or sex.

This Policy is Our Contract with You -- We have issued this policy in consideration of the application and your single premium payment. A copy of the application is attached and is a part of this policy. The policy, including the application and any endorsements and riders, forms our contract with you. All statements made by or for the Insured will, in the absence of fraud, be considered representations and not warranties. We will not use any statement made by or for the Insured to deny a claim unless the statement is in the application and the application is attached to this policy when we issue or deliver it.

Who Can Make Changes in the Policy -- Only our President or a Vice President together with our Secretary have the authority to make any change in this policy. Any change must be in writing.

**Termination of Insurance** -- This policy will terminate at the earliest of:

- 1. the date we receive your Written Request to surrender or terminate;
- 2. the Maturity Date;
- 3. the date of lapse without further value; or,
- 4. when the death benefit has been paid.

No Dividends are Payable -- This is nonparticipating insurance. It does not participate in our profits or surplus.

### SETTLEMENT PROVISIONS

When the Insured dies while the policy is in force, we will pay the death benefit in a lump sum unless you or the Beneficiary choose a settlement option. You may choose a settlement option while the Insured is living. The Beneficiary may choose a settlement option after the Insured has died. The Beneficiary's right to choose will be subject to any settlement agreement in effect at the Insured's death.

You may also choose one of these options as a method of receiving the surrender or maturity proceeds, if any are available under this policy.

When we receive a satisfactory Written Request, we will pay the benefit according to one of these options:

**Option A: Installments for a Guaranteed Period --** We will pay equal installments for a guaranteed period of from one to thirty years. Each installment will consist of part benefit and part interest. We will pay the installments monthly, quarterly, semi-annually or annually, as requested. See Table A.

**Option B:** Installments for Life with a Guaranteed Period -- We will pay equal monthly installments as long as the payee is living, but we will not make payments for less than the guaranteed period the payee chooses. The guaranteed period may be either 10 years or 20 years. We will pay the installments monthly. See Table B.

**Option C: Benefit Deposited with Interest** -- We will hold the benefit on deposit. It will earn interest at the annual interest rate we are paying as of the date of death, surrender or maturity. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time.

**Option D: Installments of a Selected Amount --** We will pay installments of a selected amount until we have paid the entire benefit and accumulated interest.

**Option E:** Annuity -- We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for life with or without a guaranteed period, as requested. The annuity payment will not be less than what our current annuity contracts are then paying.

The payee may arrange any other method of settlement as long as we agree to it. The payee must be an individual receiving payment in his or her own right. There must be at least \$10,000 available for any option and the amount of each installment to each payee must be at least \$100. If the benefit amount is not enough to meet these requirements, we will pay the benefit in a lump sum.

We will pay the first installment under any option as of the date of death, maturity or surrender, whichever applies. Any unpaid balance we hold under Options A, B or D will earn interest at the rate we are paying at the time of settlement. Any benefit we hold will be combined with our general assets.

If the payee does not live to receive all guaranteed payments under Options A, B, D or E or any amount deposited under Option C, plus any accumulated interest, we will pay the remaining benefit as scheduled to the payee's estate. The payee may name and change a successor payee for any amount we would otherwise pay the payee's estate.

TABLE A								
	Installments for Each \$1,000 Payable under Option A							
Multiply the M	Nonthly Installment by 1	1.9185 for Annual, by 5.9	98143 for Semi-Annual, o	or by 2.99628 for Quarte	rly Installments			
Guaranteed	Monthly	Guaranteed	Monthly	Guaranteed	Monthly			
Period (Yrs.)	Installment	Period (Yrs.)	Installment	Period (Yrs.)	Installment			
1	\$83.90	11	\$8.21	21	\$4.62			
2	42.26	12	7.58	22	4.44			
3	28.39	13	7.05	23	4.28			
4	21.45	14	6.59	24	4.13			
5	17.28	15	6.20	25	3.99			
6	14.51	16	5.85	26	3.86			
7	12.53	17	5.55	27	3.75			
8	11.04	18	5.27	28	3.64			
9	9.89	19	5.03	29	3.54			
10	8.96	20	4.81	30	3.44			

TABLE B
Monthly Installments for Each \$1,000 Payable under Option B
Based Upon Payee's Actual Age

	Male Payee													
Guar	Guaranteed Period Guaranteed Period Guaranteed Period Guaranteed Period Guaranteed Period													
Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.
0	1.67	1.67	21	1.95	1.95	41	2.51	2.49	61	3.85	3.61	81	7.06	4.74
1	1.68	1.68	22	1.97	1.97	42	2.55	2.53	62	3.96	3.69	82	7.24	4.75
2	1.69	1.69	23	1.99	1.99	43	2.59	2.57	63	4.07	3.76	83	7.41	4.77
3	1.70	1.70	24	2.01	2.01	44	2.64	2.61	64	4.20	3.84	84	7.58	4.78
4	1.71	1.71	25	2.03	2.03	45	2.68	2.65	65	4.32	3.91	85	7.74	4.79
5	1.73	1.72	26	2.05	2.05	46	2.73	2.70	66	4.46	3.99	86	7.89	4.80
6	1.74	1.73	27	2.07	2.07	47	2.79	2.75	67	4.60	4.06	87	8.03	4.80
7	1.75	1.75	28	2.10	2.09	48	2.84	2.80	68	4.75	4.13	88	8.16	4.81
8	1.76	1.76	29	2.12	2.12	49	2.90	2.85	69	4.90	4.20	89	8.28	4.81
9	1.77	1.77	30	2.15	2.14	50	2.96	2.90	70	5.06	4.27	90	8.38	4.81
10	1.78	1.78	31	2.17	2.17	51	3.02	2.96	71	5.22	4.33	91	8.48	4.81
11	1.80	1.80	32	2.20	2.19	52	3.08	3.01	72	5.39	4.39	92	8.57	4.81
12	1.81	1.81	33	2.23	2.22	53	3.15	3.07	73	5.56	4.45	93	8.65	4.81
13	1.82	1.82	34	2.26	2.25	54	3.22	3.13	74	5.74	4.50	94	8.72	4.81
14	1.84	1.84	35	2.29	2.28	55	3.30	3.20	75	5.93	4.55	95	8.78	4.81
15	1.85	1.85	36	2.32	2.31	56	3.38	3.26	76	6.11	4.59	96	8.83	4.81
16	1.87	1.87	37	2.35	2.34	57	3.46	3.33	77	6.30	4.63	97	8.87	4.81
17	1.88	1.88	38	2.39	2.38	58	3.55	3.40	78	6.49	4.66	98	8.90	4.81
18	1.90	1.90	39	2.43	2.41	59	3.65	3.47	79	6.68	4.69	99	8.92	4.81
19	1.92	1.91	40	2.47	2.45	60	3.75	3.54	80	6.87	4.71	100	8.94	4.81
20	1.93	1.93												

	Female Payee													
Guara	Guaranteed Period Guaranteed Period Guaranteed Period Guaranteed Period Guaranteed Period													
Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.	Age	10 Yrs.	20 Yrs.
0	1.68	1.68	21	1.94	1.94	41	2.45	2.44	61	3.66	3.51	81	6.93	4.74
1 2	1.69 1.70	1.69 1.69	22 23	1.96 1.98	1.96 1.98	42 43	2.49 2.53	2.48 2.51	62 63	3.76 3.87	3.59 3.67	82 83	7.13 7.33	4.75 4.77
3	1.70	1.71	23 24	2.00	2.00	43 44	2.57	2.55	64	3.98	3.74	84	7.52	4.77
4	1.72	1.72	25	2.02	2.02	45	2.61	2.59	65	4.09	3.82	85	7.69	4.79
5	1.73	1.73	26	2.04	2.04	46	2.66	2.64	66	4.22	3.90	86	7.86	4.80
6	1.74	1.74	27	2.06	2.06	47	2.70	2.68	67	4.35	3.98	87	8.01	4.80
7	1.75	1.75	28	2.08	2.08	48	2.75	2.73	68	4.49	4.06	88	8.15	4.81
8	1.76	1.76	29	2.10	2.10	49	2.80	2.77	69	4.64	4.14	89	8.27	4.81
9	1.77	1.77	30	2.13	2.12	50	2.86	2.82	70	4.79	4.21	90	8.38	4.81
10	1.78	1.78	31	2.15	2.15	51	2.91	2.88	71	4.95	4.28	91	8.48	4.81
11 12	1.80 1.81	1.80 1.81	32 33	2.18 2.20	2.17 2.20	52 53	2.97 3.03	2.93 2.99	72 73	5.12 5.30	4.35 4.42	92 93	8.57 8.64	4.81 4.81
13	1.82	1.82	34	2.23	2.22	54	3.10	3.04	74	5.49	4.47	94	8.71	4.81
14	1.84	1.84	35	2.26	2.25	55	3.17	3.10	75	5.68	4.53	95	8.77	4.81
15	1.85	1.85	36	2.29	2.28	56	3.24	3.17	76	5.88	4.57	96	8.82	4.81
16	1.86	1.86	37	2.32	2.31	57	3.32	3.23	77	6.09	4.62	97	8.86	4.81
17	1.88	1.88	38	2.35	2.34	58	3.40	3.30	78	6.30	4.65	98	8.90	4.81
18	1.90	1.89	39	2.38	2.37	59	3.48	3.37	79	6.51	4.69	99	8.92	4.81
19	1.91	1.91	40	2.42	2.41	60	3.57	3.44	80	6.72	4.71	100	8.94	4.81
20	1.93	1.93												

Transamerica Life Insurance Company Home Office: Cedar Rapids, IA 52499 Marketing Office: Los Angeles, CA 90015 Policy Form APLS - CVC

Individual Life Insurance

Administrative Office: 4333 Edgewood Road NE

Cedar Rapids, IA 52499

# Single Premium Alternative Paid-Up Life Insurance Face Amount Payable at Age 121 or at Death of Insured

Nonparticipating -- No Annual Dividends

### TRANSAMERICA LIFE INSURANCE COMPANY

### MODIFICATION OF POLICY PROVISIONS ENDORSEMENT

Transamerica Life Insurance Company has issued this endorsement as a part of the policy to which it is attached.

1. In the General Provisions of this policy, the provision entitled "Misstatement of Age or Sex in the Application" is modified in its entirety to read as follows:

Misstatement of Age in the Application -- If there is a misstatement of age of the Insured in the application, we will pay the amount of insurance that the premiums paid would have purchased had the Insured's age been correctly stated.

- 2. For the purpose of determining rates and benefits in this policy, no differentiation will be made based on sex.
- 3. In the Settlement Provisions, the female rates will apply to both males and females.

Signed for the Company at Cedar Rapids, Iowa, on the date of issue of this policy.

Secretary

Craig D. Vermes

President

Grenda Clarry



# Transamerica Life Insurance Company Home Office: [4333 Edgewood Road NE Cedar Rapids, IA 52499]

GA #
Change/Conversion Application
Individual Life Insurance - Part 1

Pri	mar	ry Insured:	Owner(s) of Record on Contract:
Pri	imar	ry Insured's Address: (Cannot be a P.O. Box)	Address of Owner(s) (if other than Primary Insured): (Cannot be a P.O. Box)
Pri	mar	ry Insured's Social Security No:	E-Mail Address:(Not for Policy/Billing Notices)
Pri	mar	ry Insured's Birthdate:	TIN or Soc. Sec. No. of Owner(s):
Joi	int Ir	nsured (For Joint Contract Only):	Birthdate(s) of Owner(s):
Joi	nt Ir	nsured's Birthdate:	Joint Insured's Social Security No:
SE	CTI	ION I - TYPE OF CHANGE REQUEST (Evid	dence of insurability may be required)
1.	Lis	st the contract number(s) which you, the Owner, v	vish to change:
2.	Ch	neck those boxes that describe the type of propos	sed change:
A)	to		new business evidence, completion of Section IV, a signed Authorization d. Additional requirements may be requested by the Company. If the ed on both lives.
<u> </u>	,	not guaranteed by the existing contract). Also of Face increase. Enter the new face amount apple	lied for amount of increase \$
B)			of Section IV (except if indicated differently below), a signed Authorization d. Additional requirements may be requested by the Company.
	1)	Reduce to non-nicotine rate class. Arrange for Section IV.	current Home Office urine specimen and complete Question 12 in
	2)		letailing the aspect(s) of the risk that has/have changed that might ned weight loss, improved lab values, cessation of aviation activities, etc.)
	3)	Add a rider/benefit. Check the box/boxes that a	apply.
		☐ Waiver of Premium/Waiver Provision. Com	plete a Non-Medical Health History form on the Primary Insured.
		□ Accident Indemnity - Amount: \$the Primary Insured and Question 4 in Section 4.	Complete a Non-Medical Health History form on ion IV.
		☐ Guaranteed Insurability Rider - Amount: \$ form on the Primary Insured.	Complete a Non-Medical Health History

		□ Children's Insurance Rider - Number of units applied for: Complete an Application Supplement for Children's Insurance Rider and a Non-Medical Health History form on the Primary Insured.
		□ Family Insurance Rider - Number of units applied for: 1 Parent □ 2 Parent
		Spouse proposed to be insured under the Family Rider:
		Spouse's Name: Spouse's Date of Birth Spouse's Sex:
		U.S. Citizen
		Complete an Application Supplement for Children's Insurance Rider and submit. Complete Non-Medical Health History forms for both the Primary Insured and the spouse proposed to be added under the rider. If more than 20 units are requested, submit full new business evidence on the spouse, a Non-Medical Health History form on the Primary Insured and an Application Supplement for Children's Insurance Rider.
C)	Oth	ner changes. These changes require those items indicated. Additional requirements may be requested by the Company.
	1)	Exercise Option for Additional Insurance (OAI) - Amount: \$ Please check one:
		☐ Issue new contract for OAI amount.
		<ul> <li>□ Increase face amount of original contract to add OAI amount (if available).</li> <li>□ Yes □ No a) If the original contract has a Waiver of Premium/Waiver Provision rider, should a Waiver of</li> </ul>
		Premium/Waiver Provision rider also be included on this new amount?
		Complete the following and a signed Authorization to Obtain Information if the Primary Insured was issue age 51 or older at original contract issue. Provide details of yes answers in the Comments section.
		☐ Yes ☐ No a) Is the Primary Insured now so disabled by sickness or injury as to be unable to perform any of the duties of his/her normal job?
		☐ Yes ☐ No b) Within the past five years, has the Primary Insured had high blood pressure, heart disease, diabetes, or cancer?
	2)	Change of Death Benefit option (UL Plans only). Contact the administrative office for requirements.  Change to Option: ☐ Level ☐ Plus ☐ Plus-Premium ☐ Other
	3)	Exercise Guaranteed Insurability Rider (GIR) - Amount: \$
		□ Regular option date □ Alternate option date. Provide date and type of occasion that qualifies this for an alternate option date.
		☐ Yes ☐ No a) If the original contract has a Waiver of Premium/Waiver Provision rider, should a Waiver of Premium/Waiver Provision rider also be included on this new amount?
	4)	Other change (Review the Policy Service Request form before completing):
Co	mme	ents:
3.	sar	nversion (Also complete Section II and III). <u>Producer must provide an illustration for the additional amount if keeping the ne contract or for the total amount if a new contract is desired.</u> Additional requirements for conversion to variable universal life <u>apply.</u>
	Coi	oversion of a term contract or rider to a whole life or universal life or variable universal life contract or rider. Please check one:
		□ Full conversion
		☐ Partial conversion. Amount to be converted: \$

# **SECTION II - DETAILS OF THE NEW CONTRACT**

	mplete for non-contractual rewrites and conversions  Plan applied for:	Kind Code:
2.	Plan applied for: Risk Classification: ☐ Preferred Plus/Select ☐ Preferred ☐ Extra Rating of:	Standard Plus □Standard □ Other
4.	Nicotine Classification: ☐ Nicotine ☐ Non-Nicotine Amount Applied for: \$	
6. 7.	Special dating instructions, if any. (Example: Date to save age) If the Automatic Premium Loan (APL) provision is available, do yo (APL will be in effect unless no is checked.)	ou want the provision to be in effect? ☐ Yes ☐ No
	<u> </u>	only those listed here
10.	Any remaining coverage under present contract is to be:  Continued  Terminated  Any remaining coverage under present rider is to be:  Continued  Terminated  If evidence of insurability is required for continuation of disability is all the duties of his/her occupation?  No If no, provide explanation below	
plea	new plan shall have the same beneficiary as the present contract ase complete the Beneficiary Designation Form for Life Insurance Imments:	Policies as instructed on that form.
12.	Complete for Flexible Premium Plans:	14. Mode of Premium Payment:
	Required Premium Per Year (RAP) \$  Planned Periodic Premium \$  Plus Initial Lump Sum + \$  Equals Total Initial Payment = \$	<ul><li>□ Annually</li><li>□ Semi-Annually</li><li>□ Quarterly</li><li>□ Monthly</li></ul>
13.	Dividend Option (Participating Plans Only):  Cash Paid-Up Additions  Premium Reduction Accumulation  One-Year Term  Other (specify)	15. Billing Type □ Direct Collection (not available for monthly) □ Pre-Authorized Withdrawal (Quarterly & Monthly Only) □ Salary Deduction No □ Government Allotment  Unless a Conditional Receipt was issued along with this application, I/we agree that no payment will be made or taken for the initial premium unless and until after a contract is issued and all other conditions of coverage set forth in this application have been met.

SECTION III - INSTRUCTIONS TO TERMINATE EXISTING	G LIF	E INSURANCE COVERAGE
Transamerica Life Insurance Company (the Company) Existing contract(s)/coverage(s) for which a change or terminatio change(s) applied for is/are effective in accordance with this applied for is/are effective in accordance.	plication	on and all contract terms.
<ul> <li>Upon issuance of contract applied for, terminate contract null</li> <li>Upon issuance of contract applied for, change contract number</li> </ul>	mber(s ber(s)	S)
Additional instructions:		
I/WE, THE OWNER(S), UNDERSTAND THAT THE COMPANY LIABILITY FOR THE TAX IMPLICATIONS, IF ANY, OF THIS TR		
<b>NOTICE TO CONSUMER:</b> The death benefit on many business relate premiums and other considerations paid by you for the policy under S and Consent is obtained prior to policy issue and certain other requirer. Owned Life Insurance Policies but can also include policies owned by ot you have requested may require compliance with Section 101(j), inclute to the effective date of any change, whether or not such section also a	ection ments thers su ding co	101(j) of the Internal Revenue Code unless written Notice are met. These policies are often referred to as Employeruch as affiliates and business owners. The policy change(s) ompliance with the Notice and Consent requirements prior
You are advised to consult with your qualified tax advisor prior to cor	mpletin	g the requested policy acquisitions or change(s).
I/we, the undersigned, hereby represent that the statements and a recorded. I/we agree: (1) This Application and any required applica of insurability required by the Company for this Application, includin pursuant to this Application. (2) Except as otherwise provided in the 1 of this Application, any change requested which requires evidence conditions have been met: (a) Any required payment for the change i Administrative Office during the lifetime of all persons insured, (c) The of and while person(s) to be covered by such contract is/are in good Application continue to be true and complete as of the date of Owner take effect if the facts have changed. (3) Any change requested who by the contract or is allowed by the Company shall be effective from specifically indicated and is allowed by the Company. (4) Until the chashall continue subject to its provisions. (5) The Company may deposite request for change. (6) Unless the requested change is specifically require satisfactory evidence of insurability before allowing the Company unless in writing and signed by the President or a Vice Presid	tion sugget and the state of th	upplement(s)/amendment(s), in addition to any evidence ication Part 2, shall be made part of the contract issued ional receipt, if issued, with the same Insured(s) as Part urability shall not take effect until after all of the following in full, (b) The change is approved by the Company at its er has personally received the contract during the lifetime in, and (d) All of the statements and answers given in this sonal receipt of the contract, and that the contract will not es not require evidence of insurability which is provided the determined by the Company unless a different date is equested becomes effective, the contract without change that any payment without prejudice to its right to decline towed under the provisions of the contract, the Company etc. (7) No waiver or modification shall be binding upon the
I/we understand that omissions or misstatements in this Appli under any contract issued from this Application.	icatior	n could cause an otherwise valid claim to be denied
<b>FRAUD WARNING:</b> Any person who knowingly presents a false or presents false information in an application for insurance is guilty of	fraudu a crime	ulent claim for payment of a loss or benefit or knowingly and may be subject to fines and confinement in prison.
Signed at	on	,,
City-State		Date
Signature of Primary Insured (or parent or guardian if Primary Insured is a minor)	<u>X</u> _	Witness to Signature of Primary Insured
X Signature of Joint Insured or Spouse, if applicable	X	Witness to Signature of Joint Insured or Spouse
Signature of Joint Insured of Spouse, if applicable		withess to Signature of John Insured of Spouse
Signed atCity-State	on	Date ,
X	Х	Date
Signature of Owner (if other than Primary Insured)		Witness to Signature of Owner
If Owner is a Corporation, an authorized officer, other than the Primary Insured must sign as Owner, give corporate title and full name of corporation below.		
	X	Signature of Licensed Producer
		Signature of Eldensed Producer
PLEASE MAKE CHECKS PAYABLE TO TRANSAMERICA LIFE DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAV Amount paid with this Application: \$	E THE	E PAYEE SPACE BLANK. neck #
☐ Credit Card Complete Credit	Card (	Order Confirmation Form.

MPS11008TAR



# **SECTION IV - PARTIAL EVIDENCE OF INSURABILITY**

Prir	nary	/ Ins	ured: Contract No.:
			of insurability is required, complete this section and the other requirements as indicated in Section I. is section on each person to be covered under the contract.
3) / 4) [ -	Annu Do y Total Do yo	ual in ou h insu ou int	on:
			re company name(s) and policy no(s):
Yes	N	0	
			Is any application for life insurance on any person to be covered pending in any other company? If yes, provide name of company, name of Proposed Insured and amount applied for in Remarks.
		6)	Within the next two years does any person to be insured intend to participate in hang-gliding, sky diving, parachuting, ultralight flying, vehicle racing, scuba diving, mountain or rock climbing, rodeos, competitive skiing or snowboarding, extreme sports or other hazardous activities? If yes, complete Sports and Hazardous Activities Questionnaire.
		7)	Has any person to be insured ever been convicted of a felony, misdemeanor or infraction other than a traffic violation? If yes, provide full details including state and date of offense.
		8)	Is any person to be insured a member of the armed forces including reserves? Intend to become a member? Any deployment orders outside U.S.? If yes, give full details.
		9)	
		10)	within the past two years? If yes, complete Aviation Questionnaire.
		11)	
	_	,	Within the past five years has any person to be insured been convicted of or pleaded guilty to:
			a) Moving violations? If yes, give dates and type:
			b) Driving under the influence of alcohol and/or other drugs? If yes, give dates:
			c) Reckless driving? If yes, give dates:
		12)	Has any person to be insured used nicotine at any time?
			a) Cigarettes Date Last Used
			b) Cigar/Pipe/Chewing Tobacco Date Last Used
			c) Other Date Last Used
			d) Has any person to be insured been advised to discontinue nicotine use by a physician? If yes, provide details
			including name and address of the physician, date, and reason.
			e) Has any person to be insured been diagnosed with or been told by a physician that he/she has emphysema, chronic bronchitis, any other disease or disorder of the respiratory system, cancer or heart disease? If yes, provide complete details including name and address of physician, date last consulted, reason, etc.
REM	IARŀ	KS:	(Specify Question number, name of person(s) to which the answer applies and details)

### **ACKNOWLEDGEMENT**

I/we, the undersigned, hereby represent that the statements and answers given in the application are true, complete and correctly recorded.

### AUTHORIZATION TO OBTAIN INFORMATION

Transamerica Life Insurance Company (the Company)

I, the Proposed Insured, hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insuring or reinsuring company, the MIB Group, Inc. and its members or affiliates, consumer reporting agency, or employer having information available as to testing, diagnosis, treatment and prognosis with respect to any physical or mental condition (for example: coronary disease; cancer; Human Immunodeficiency Virus (HIV) related test results or disorders; metabolic, pulmonary, or neurological disorders) and/or treatment of me or my minor children and any other non-medical information of me or my minor children to give to the Company or its legal representative, any and all such information.

**I understand** the information obtained by use of the Authorization will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing contract. Any information obtained will not be released by the Company to any person or organization **except** to reinsuring companies, the MIB Group, Inc. and its members or affiliates, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may authorize.

I know that I may request to receive a copy of this Authorization. I agree that a photocopy of this Authorization shall be as valid as the original. I agree this Authorization shall be valid for two and one half years from the date shown below, regardless of my condition and whether I am living or not.

I acknowledge receipt of the Notice of Disclosure of Information. I understand that if an investigative consumer report is ordered in connection with this application, I may elect to be interviewed in connection with the preparation of the report and, upon request, I will be provided with a copy of the report. I elect to be interviewed if an investigative consumer report is prepared. ☐ Yes ☐ No

**FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at	on	
City-State		Date
X	Х	
Signature of Primary Insured (or parent or guardian if Primary Insured is a minor)		Witness to Signature of Primary Insured
X	Χ	
Signature of Joint Insured or Spouse, if applicable		Witness to Signature of Joint Insured or Spouse
Signed at	on	· · · · · · · · · · · · · · · · · · ·
City-State		Date
X	Χ	
Signature of Owner (if other than Primary Insured)		Witness to Signature of Owner
If Owner is a Corporation, an authorized officer, other than the Primary Insured must sign as Owner, give corporate title and full name of corporation below.		
	Χ	
		Signature of Producer

# CONDITIONAL RECEIPT

PLEASE READ	THIS CAREFULLY						
Received from		for the life insurance application					
dated , with		as the Proposed Insured.					
payable to Transamerica Life Insurance Company (the Company) or other Company authorized representative, and you signify that	This Receipt cannot become valid unless all blanks are completed above, your check, draft or authorized withdrawal is made payable to Transamerica Life Insurance Company (the Company), this Receipt is signed by a duly authorized insurance producer or other Company authorized representative, and you signify that you understand the conditions and limitations of this Receipt and have had them explained to you by signing the Acknowledgment below.						
This Receipt does not provide any conditional insurance until a and is strictly limited in scope and amount as set forth below.	after all of the conditions and I	requirements specified are met,					
<b>CONDITIONAL COVERAGE:</b> Conditional insurance, under the term completing Part 1 of the application, the date of completing Part 2 of is latest (the Effective Date), but only after all the conditions to conditions.	the application, or the date reque						
CONDITIONS TO CONDITIONAL COVERAGE UNDER THIS RECEDate, but only so long as all of the following conditions are met:	EIPT: Such conditional insurance	will take effect as of the Effective					
<ol> <li>The payment made with the application must be received at o and honored on first presentation for payment;</li> <li>Part 1 and Part 2 of the application, and all medical examination are completed and received at our Administrative Office;</li> <li>As of the Effective Date, all statements and answers given in the The Company is satisfied that, at the time of completing Part 1 are at any rating under the Company's rules for insurance on the papplied for.</li> </ol>	ons, tests, screenings and question ne application (both Parts) must be nd Part 2 of the application, each p	e true and complete; and person to be covered was insurable					
<b>60-DAY LIMIT OF CONDITIONAL COVERAGE:</b> If the Company do days of the date you signed the Part 1, the application will be deemed insurance coverage. In that case, the Company's liability will be limited right to terminate conditional coverage at any time prior to 60 days by	ed to be rejected by the Compan ed to returning any payment you h	y, and there will be no conditional nave made. The Company has the					
DOLLAR LIMITS OF CONDITIONAL COVERAGE: The aggregate and any other Conditional Receipt issued by the Company on each papplied for or \$250,000 of life insurance if the Proposed Insured is at \$100,000 for a class of risk with extra ratings regardless of age, and There is no conditional coverage for other riders or any additional be	person to be covered shall be lim ge 16 - 65 and is insurable at the \$50,000 of Accident Indemnity ri	ited to the lesser of the amount(s) standard or better class of risk, or der benefits for death by accident.					
or more of this Receipt's conditions have not been met exactly, or if a while sane or insane, the Company will not be liable under this Receipt or would not be insurable under the Company's rules, then the Company with the application.	Proposed Insured dies by suicid eipt except to return any paymen ons, tests, screenings, and question	e or intentional self-inflicted injury, it made with the application. If the connaires required by the Company					
<b>Except as provided in this Conditional Receipt,</b> no coverage under until after a contract is delivered to you and all other conditions of coverage.							
ACKNOWLEDGMENT OF TERMS, CONDITIONS,	AND LIMITATIONS OF CONDIT	IONAL RECEIPT					
I have read the foregoing Conditional Receipt issued by Transamerica Life Insurance Company. The insurance producer has fully explained to me all the terms, conditions, and limitations of the Conditional Receipt, and I understand them.							
I also understand neither the insurance producer, any person who hat thorized to accept risks or determine insurability, to make or modify of	as signed this Receipt, nor the mecontracts, or to waive any of the C	edical/paramedical examiner is au- company's rights or requirements.					
X		, 20					
Signature of Proposed Owner If Proposed Owner is a Trust, the Trustee must sign as Owner. Give full name and date of Trust below.		pration, an authorized officer, other ust sign as Owner. Give corporate					
ONO TAIL HARTIO AND GALLO OF TRUST DOLOW.	title and full name of corporation						

You should retain a copy of this Receipt and Acknowledgment. If you do not hear from the Company regarding the proposed insurance within 60 days, notify the Company at its Administrative Office, [4333 Edgewood Road NE, Cedar Rapids, IA 52499], Attention: Underwriting Dept., giving your full name, date of birth, the name of the insurance producer, date and amount of this Conditional Receipt.

# CONDITIONAL RECEIPT PLEASE READ THIS CAREFULLY

		_	EAD THIS CAR	_			
				of \$	fo	or the life insurance appli	cation
dated	, with _					_ as the Proposed Insu	red.
payable to Transar or other Company	merica Life Insuranc authorized represe	e Company (the Com	pany), this Rec	eipt is signe derstand the	ed by a duly au	thorized withdrawal is ithorized insurance pro nd limitations of this R	oducer
		ditional insurance un t as set forth below.	ntil after all of th	ne condition	ns and require	ments specified are m	et, and
completing Part 1 o	f the application, the		rt 2 of the applic	ation, or the	date requeste	come effective as of the d in the application, whi	
		ERAGE UNDER THIS ing conditions are met		ch conditiona	al insurance wi	Il take effect as of the E	ffective
	made with the applica		at our Administr	ative Office v	within the lifetin	ne of the Proposed Insur	ed and
Part 1 and Pa     are completed	rt 2 of the application I and received at our	, and all medical exar Administrative Office;		· ·	•	aires required by the Co	mpany
4. The Company	is satisfied that, at the		art 1 and Part 2 c	of the applica	ition, each pers	ue and complete; and on to be covered was ins d at the Nicotine Classi	
days of the date yo insurance coverage	u signed the Part 1, and that case, the Co	the application will be	deemed to be r e limited to retur	ejected by th ning any pay	he Company, a yment you have	lication for insurance wi and there will be no con- e made. The Company I de.	ditional
and any other Conc applied for or \$250, \$100,000 for a class	litional Receipt issue 000 of life insurance s of risk with extra rat	d by the Company on if the Proposed Insure	each person to ed is age 16 - 65 and \$50,000 of	be covered s and is insur Accidental I	shall be limited able at the sta Indemnity rider	ided under this Receipt to the lesser of the am ndard or better class of benefits for death by ac lied.	ount(s) risk, or
or more of this Rece while sane or insan Proposed Insured s	eipt's conditions have e, the Company will hould die before com irable under the Com	not been met exactly not be liable under thi pleting all medical exa	, or if a Propose is Receipt excer minations, tests,	d Insured die ot to return a screenings,	es by suicide o any payment m and questionn	INDER THIS RECEIPT.  r intentional self-inflicted ade with the application aires required by the Coot except to return any page 1.	l injury, i. If the mpany
						ill become effective unle cation have been met.	ss and
Dated at		on		_,20	X		
	City, State		Date		Insurance F	Producer or other Compa Authorized Rep	any

### ACKNOWLEDGMENT OF TERMS, CONDITIONS, AND LIMITATIONS OF CONDITIONAL RECEIPT

I have read the foregoing Conditional Receipt issued by Transamerica Life Insurance Company. The insurance producer has fully explained to me all the terms, conditions, and limitations of the Conditional Receipt, and I understand them.

I also understand neither the insurance producer, any person who has signed this Receipt, nor the medical/paramedical examiner is authorized to accept risks or determine insurability, to make or modify contracts, or to waive any of the Company's rights or requirements.

You should retain a copy of this Receipt and Acknowledgment. If you do not hear from the Company regarding the proposed insurance within 60 days, notify the Company at its Administrative Office, [4333 Edgewood Road NE, Cedar Rapids, IA 52499], Attention: Underwriting Dept., giving your full name, date of birth, the name of the insurance producer, date and amount of this Conditional Receipt.

### NOTICE OF DISCLOSURE OF INFORMATION

Information regarding your insurability will be treated as confidential except that Transamerica Life Insurance Company (the Company) may make a brief report to the MIB Group, Inc. (MIB) and its members or affiliates, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance, or to which a claim is submitted, MIB will supply such company with the information it may have in its files. The Company may also release information in its file to reinsurers and to other life insurance companies to which you may apply for life or health insurance, or to which a claim is submitted.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, MA 02112, telephone (866) 692-6901 (TTY (866) 346-3642 for hearing impaired).

**Notice to Persons Applying for Insurance:** Federal law requires us to advise you that in connection with this application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. Such reports are usually part of the process of evaluating risks for life and health insurance. Inquiry may be made into your character, general reputation, personal characteristics and mode of living. It is possible that a representative of a firm employed to make such reports may call upon you in person. You have the right to request disclosure of the nature and scope of the investigation by your written request made within a reasonable time after receipt of this notice.

**Notice of Insurance Information Practices:** The information collected about you by us may in certain circumstances be disclosed to third parties without your specific authorization as permitted or required by law. You have the right of access and correction with respect to the information collected except information which relates to a claim or civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please contact your agent or write the Company at its Administrative Office, [4333 Edgewood Road NE, Cedar Rapids, IA 52499].

SERFF Tracking Number: CMPL-125792160 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Trans APLO

Project Name/Number: Trans APLO/Trans APLO

# **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPL-125792160 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40118

Company Tracking Number: TRANS APLO

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Trans APLO

Project Name/Number: Trans APLO/Trans APLO

# **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Certification/Notice 08/26/2008

Comments: Attachments:

AR Regulation 49 Certification 08021.pdf AR Regulation 19 Certification 08021.pdf AR Bulletin 11-88 Certification 08021.pdf

**Review Status:** 

Satisfied -Name: Application 08/26/2008

**Comments:** 

The application is beign submitted for your review and approval.

**Review Status:** 

Satisfied -Name: Filing Authorization 08/28/2008

Comments: Attachment:

TLIC - Multi-Form All DOIs 7-18-08.pdf

Review Status:

Satisfied -Name: Readability 08/28/2008

Comments: Attachment:

AR Readability Certification 08021.pdf

**Review Status:** 

Satisfied -Name: 2001 CSO Age Nearest Birthday 08/28/2008

Values

Comments:

2001 CSO Age Nearest Birthday Values

Attachment:

APLO 2001 CSO ANB Values.pdf

Arkansas #08021

# TRANSAMERICA LIFE INSURANCE COMPANY Home Office: Cedar Rapids, Iowa

### **REGULATION 49 CERTIFICATION**

Policy Form: 1-101 05-108

We certify that, for policies issued in Arkansas on the above-referenced policy form number, we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.

Fred Alvarado, Manager Contract Development 8-28-2008 Date

Cheryl Bock, Assistant Vice President Contract Development

#08021 Arkansas

# TRANSAMERICA LIFE INSURANCE COMPANY Home Office: Cedar Rapids, Iowa

### **REGULATION 19 CERTIFICATION**

Policy Form: 1-101 05-108

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.

Fred Alvarado, Manager Contract Development

8-28-2008 Date

Cheryl Bock, Assistant Vice President

**Contract Development** 

Arkansas #08021

# TRANSAMERICA LIFE INSURANCE COMPANY Home Office: Cedar Rapids, Iowa

### **BULLETIN 11-88 CERTIFICATION**

Policy Form: 1-101 05-108

We certify that, for policies issued in Arkansas on the above-referenced policy form number, we will deliver the Consumer Information Notice required by Bulletin 11-88.

Fred Alvarado, Manager Contract Development 8-28-2008 Date

Cheryl Bock, Assistant Vice President Contract Development



Transamerica Life Insurance Company 4333 Edgewood Road NE Cedar Rapids, Iowa 52499

July 18, 2008

NAIC Company Code: 468-86231

RE: Individual Life Insurance Forms

To: All Departments of Insurance

Transamerica Life Insurance Company hereby authorizes Compliance Research Services, LLC, to represent us in the submission of individual life insurance forms including policies, applications, riders, endorsements, and related forms, and to negotiate with insurance departments for their approval of said forms.

Sincerely,

Cheryl Book

Assistant Vice President, Contract Development

Transamerica Life Insurance Company

Arkansas #08021

## TRANSAMERICA LIFE INSURANCE COMPANY Home Office: Cedar Rapids, Iowa

### ARKANSAS CERTIFICATION OF READABILITY

This is to certify that the attached life insurance forms have each achieved a Flesch Reading Ease Score as shown.

Form Number	Form Description	Flesch Score	
1-101 05-108	Single Premium, Alternative Paid-Up Life Insurance Policy	53.4	
MPS11008TAR	Change/Conversion Application	50.62	
1-013 11-108	Modification of Policy Provisions Endorsement	51.4	

and each form complies with the requirements of Arkansas Statutes Annotated Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Fred Alvarado, Manager Contract Development 8-28-2008 Date

Cheryl Bock, Assistant Vice President Contract Development

# Alternative Paid Up Life Insurance 2001 CSO Age Nearest Birthday Single Premium and Cash Value Table with 4% Interest Rate per 1,000 Face Amount

	Male		Female		
Age	Non-Smoker	Smoker	Non-Smoker	Smoker	
0	60.54	74.12	51.11	63.44	
1	62.05	76.19	52.70	65.53	
2	64.01	78.72	54.48	67.82	
3	66.21	81.51	56.41	70.29	
4	68.60	84.53	58.48	72.92	
5	71.15	87.72	60.64	75.66	
6	73.80	91.03	62.90	78.52	
7	76.55	94.48	65.25	81.50	
8	79.41	98.06	67.66	84.56	
9	82.39	101.78	70.17	87.76	
10	85.47	105.65	72.79	91.08	
11	88.68	109.67	75.49	94.52	
12	91.98	113.82	78.30	98.09	
13	95.36	118.08	81.19	101.77	
14	98.83	122.46	84.16	105.58	
15	102.36	126.95	87.23	109.51	
16	105.91	131.50	90.40	113.58	
17	109.49	136.08	93.66	117.76	
18	113.11	140.68	97.03	122.06	
19	116.82	145.36	100.54	126.51	
20	120.67	150.15	104.16	131.10	
21	124.67	155.08	107.92	135.85	
22	128.83	160.17	111.83	140.76	
23	133.16	165.41	115.88	145.83	
24	137.65	170.81	120.09	151.10	
25	142.33	176.38	124.46	156.53	
26	147.19	182.10	129.00	162.15	
27	152.21	188.00	133.70	167.96	
28	157.40	194.06	138.56	173.96	
29	162.81	200.37	143.61	180.16	
30	168.47	206.94	148.82	186.57	
31	174.37	213.81	154.24	193.20	
32	180.51	220.96	159.83	200.03	
33	186.91	228.39	165.63	207.09	
34	193.55	236.10	171.62	214.37	
35	200.45	244.08	177.81	221.86	
36	207.60	252.35	184.20	229.56	
37	215.00	260.88	190.80	237.48	
38	222.67	269.69	197.60	245.63	
39	230.58	278.74	204.66	254.05	
40	238.76	288.06	211.95	262.74	
41	247.22	297.64	219.50	271.71	
42	255.93	307.45	227.29	280.95	
43	264.89	317.47	235.35	290.46	
44	274.11	327.69	243.67	300.24	
45	283.57	338.07	252.24	310.28	
46	293.27	348.62	261.07	320.56	

# Alternative Paid Up Life Insurance 2001 CSO Age Nearest Birthday Single Premium and Cash Value Table with 4% Interest Rate per 1,000 Face Amount

	Male		Female		
Age	Non-Smoker	Smoker	Non-Smoker Smoker		
47	303.22	359.37	270.15	331.09	
48	313.44	370.30	279.46	341.83	
49	323.99	381.58	289.01	352.73	
50	334.90	393.19	298.80	363.78	
51	346.12	405.08	308.81	374.96	
52	357.66	417.23	319.04	386.27	
53	369.47	429.55	329.47	397.68	
54	381.55	442.01	340.11	409.19	
55	393.86	454.55	350.96	420.78	
56	406.35	467.10	362.01	432.46	
57	419.04	479.70	373.25	444.21	
58	431.92	492.33	384.67	456.03	
59	445.08	505.17	396.28	467.96	
60	458.50	518.16	408.09	479.97	
61	472.13	531.26	420.12	492.07	
62	485.92	544.33	432.37	504.28	
63	499.78	557.28	444.83	516.55	
64	513.69	570.05	457.50	528.93	
65	527.65	582.67	470.40	541.43	
66	541.67	595.20	483.51	554.01	
67	555.78	607.72	496.82	566.70	
68	570.02	620.31	510.32	579.44	
69	584.41	632.98	523.98	592.23	
70	598.97	645.82	537.81	605.05	
71	613.61	658.72	551.79	617.85	
72	628.32	671.68	565.86	630.59	
73	642.90	684.44	580.01	643.21	
74	657.37	697.08	594.22	655.72	
75	671.76	709.68	608.48	668.07	
76	686.06	722.14	622.77	680.34	
70 77	700.28	734.51	637.08	692.49	
7 <i>1</i> 78	714.32	746.68	651.37	704.54	
70 79	714.32	758.55	665.65	716.48	
80	741.48	770.02	679.91	710.40 728.31	
81	754.47	781.11	694.13	740.03	
82	766.98	791.72	708.00	751.20	
83	779.07	801.99	700.00	761.77 761.77	
84	790.76	811.95	721.44	771.88	
85			734.59 747.40	77 1.60 781.50	
86	802.00	821.61 830.76	747.40	790.70	
	812.71				
87 99	822.84	839.35	772.09	799.88	
88	832.32	847.33	783.67	808.32	
89	841.13	854.66	794.57	816.08	
90	849.27	861.36	804.77	823.21	
91	856.73	867.43	814.60	830.14	
92	863.76	873.16	825.19	838.29	
93	870.39	878.58	835.91	846.92	

# Alternative Paid Up Life Insurance 2001 CSO Age Nearest Birthday Single Premium and Cash Value Table with 4% Interest Rate per 1,000 Face Amount

	Male		Female	
Age	Non-Smoker	Smoker	Non-Smoker	Smoker
94	876.60	883.70	846.15	855.50
95	882.37	888.54	855.49	863.69
96	887.65	892.92	863.34	870.37
97	892.71	897.13	869.90	875.75
98	897.53	901.14	874.97	879.61
99	902.05	904.90	881.28	884.86
100	906.19	908.34	888.00	890.65
101	909.77	911.29	894.44	896.27
102	913.27	914.22	900.66	901.76
103	916.70	917.17	906.60	907.11
104	920.04	920.19	912.23	912.36
105	923.28	923.41	917.48	917.59
106	926.44	926.55	922.27	922.36
107	929.52	929.62	926.64	926.71
108	932.52	932.60	930.62	930.69
109	935.42	935.49	934.30	934.36
110	938.24	938.30	937.65	937.69
111	940.97	941.02	940.60	940.64
112	943.62	943.65	943.25	943.28
113	946.17	946.20	945.70	945.72
114	948.64	948.66	948.47	948.49
115	951.01	951.03	950.88	950.89
116	953.30	953.32	953.17	953.18
117	955.51	955.52	955.39	955.40
118	957.62	957.63	957.31	957.31
119	959.66	959.66	959.13	959.14
120	961.53	961.53	961.53	961.53
121	1,000.00	1,000.00	1,000.00	1,000.00